



Illinois Department of Transportation

Please complete information
and fax to: 217/782-3572
or Email to: Permitoffice@dot.il.gov

**Superloads Only
To Be Used for
Faxed Applications
(Type or use Black Ink)**

**APPLICATIONS WILL NOT BE PROCESSED
WITH INCOMPLETE INFORMATION.**

1. ☐ Visa ☐ Mastercard

Credit Card No. _____ Exp. Date _____

or

Account No. _____

2. Permittee _____

For Office Use Only

Permit No. _____

Amount \$ _____

3. Attention or Work Order (Optional)		4. Is Move for Hire? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Type of Permit	
		ICC No. _____		<input type="checkbox"/> Single Trip <input type="checkbox"/> Round Trip	
6. IDT Class	7. License No. _____		State _____		7A. Method of Movement
					<input type="checkbox"/> Loaded <input type="checkbox"/> Towed <input type="checkbox"/> Own Power
8. Manufacturer / Model Number / Object being moved / Serial Number					
9. Mobile Home / Modular Section / Mobile Office Serial No.			10. Total No. of Axles		11. Total Weight
12. Axle Weights from Steer to Rearmost Axle					
13. Axle Spacings from Center to Center, Front to Rear					
14. Width	15. Overall Length	16. Height	Origin of Load. (a State line or Town, City, etc. within Illinois)		
Specific Junction if Not a State Line					
Routes Only:					
Specific Junction if Not a State Line					
Destination of Load (a State Line or Town, City, etc. within Illinois)				Fax Number	
Effective Date of Movement		Number to Call if Problems		Person Submitting Application	

REVISIONS OR EXTENSIONS ONLY

Revision:

Permit Number _____ Account _____ Company _____

Please Revise to Read _____

Fax Number if Different than Original _____

Extension: Account _____ Company _____

Please Extend Permit Number _____ New Effective Date _____

Fax Number if different than Original _____

Due to work load, inquiries about Superloads should not be made unless four hours have elapsed.

Call 217/782-6271 for information or to inquire about a submitted application.